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CONFIRMATION NO. 3594

<b>SERIAL NUMBER</b> 09/980,971	<b>FILING OR 371(c) DATE</b> 04/12/2002 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> U0139-7001
<b>APPLICANTS</b> John McCune Anderson, Down, GBN, UNITED KINGDOM; Noel Evans, Magherafelt, GBN, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB00/01725 05/05/2000				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 9910323.6 05/06/1999				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GBN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 11
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 23628				
<b>TITLE</b> Cardiac defibrillation				
<b>FILING FEE RECEIVED</b> 650	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	